



**APPLICANT'S STATEMENT OF DISABILITY**  
**In Connection With Disability Retirement Under the Civil Service Retirement System**

Form Approved:  
OMB No. 3206-0133  
Form Expires 4/30/87

1. Name of applicant ( <i>Last, first, middle</i> )	2. Date of birth ( <i>mo., day, yr.</i> )	3. Social Security Number
4. Describe how you are deficient in your job in respect to performance, attendance, or conduct.		
5. Describe your medical condition(s) (i.e., disease or injury) and how it interferes with performance of your duties, attendance, or conduct.		
6. Describe any other restrictions of your activities imposed by your medical condition(s) (i.e., disease or injury) which you believe should be considered in determining your ability to perform in other positions in your agency for which you may otherwise be qualified.		
7. What efforts have been made by your agency to change your work area or your job to make it possible for you to perform useful and efficient service in your position or another position?		
8. Give the approximate date you became disabled for performance of your position ( <i>mo., yr.</i> )	9. Have you been hospitalized for your medical condition(s) (i.e. disease or injury) as described in item 5? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. List physician(s) from whom you plan to request Physician's Statement (OPM Form 1506)		

<b>11. Certification and Consent by Applicant:</b>	I hereby certify that all statements made above are true to the best of my knowledge and belief. I hereby give my permission for the release of information about my service and medical condition(s) (i.e. disease or injury) to authorized agency and OPM officials.	
<b>WARNING</b>  Any intentional false statement in this statement or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)	Signature ( <i>Do not print</i> )	
	Date	Telephone number during office hours

**PRIVACY ACT STATEMENT**

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a unique identifiable claim file for you. The information may be shared with national, state, local or other charitable or social security administrative agencies in order to determine benefits under

mation necessary under this program, or to report income for tax purposes. It may also be shared with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Executive Order 9397 (November 22, 1943) authorizes use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or prevent action on your application.